

## BETA ADRENERGIC NEBULIZER AGENTS PA SUMMARY

<b>PREFERRED</b>	Albuterol solution 0.5% (5 mg/ml) and 0.083% (2.5 mg/3ml), Metaproterenol sulfate
<b>NON-PREFERRED</b>	Accuneb, Albuterol solution (generic Accuneb) 0.021% (0.63 mg/3 ml) and 0.042% (1.25 mg/3 ml), Proventil solution, Xopenex inhaled solution

**LENGTH OF AUTHORIZATION:** 1 Year

**NOTE:** *No PA is required for Xopenex Inhaled Solution for members 8 years of age or younger. PA is required for all ages for Xopenex HFA, which has separate criteria.*

**PA CRITERIA:**

- ❖ For members 9 years of age and older, submit documentation of a history of intolerable side effects requiring the discontinuation of albuterol solution 0.5% or 0.083%
- OR*
- ❖ Submit documentation that member tried albuterol solution 0.5% or 0.083% and failed to reach the desired clinical endpoints.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process please go to [www.ghp.georgia.gov](http://www.ghp.georgia.gov), select the Provider Information tab, click on “view full text” in the Pharmacy Services box, click on “Prior Approval Process” in the list on the left.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limit please go to [www.ghp.georgia.gov](http://www.ghp.georgia.gov), select Provider Information, click on “view full list” in the Medicaid Provider Manuals box then select Pharmacy Services from the list shown.